

**RIDGEFIELD HEALTH DEPARTMENT
725 SLOCUM AVENUE
RIDGEFIELD, NJ 07657**

APPLICATION FOR DOG LICENSE

ONE-YEAR LICENSE: - Rabies Vaccine Must Expire AFTER April 1, 2014:

Fees: Non-Spayed/Neutered \$15.00 - Spayed/Neutered \$12.00

Owner's Name: _____ Date: _____

Address: _____ Phone#: _____

Breed: _____ Sex: (M) ____ (F) ____ Name: _____

Age: _____ Color: _____ Hair Length: (L) ____ (M) ____ (S) ____

Rabies Exp. Date: _____ Spayed/Neutered (Y) ____ (N) ____

Spayed/Neutered By: _____ Date: _____

**A LATE FEE OF \$20 FOR EACH DOG WILL BE CHARGED
FOR ALL LICENSES ISSUED AFTER JULY 31, 2013**

THREE-YEAR LICENSE: - Rabies Vaccine Must Expire AFTER April 1, 2016:

Fees: Non-Spayed/Neutered \$43.00 - Spayed/Neutered \$34.00

Owner's Name: _____ Date: _____

Address: _____ Phone#: _____

Breed: _____ Sex: (M) ____ (F) ____ Name: _____

Age: _____ Color: _____ Hair: (L) ____ (M) ____ (S) ____

Rabies Exp. Date: _____ Spayed/Neutered: (Y) ____ (N) ____

Spayed/Neutered By: _____ Date: _____

Proof of Current Rabies Vaccination Certificate is Required if not already on file

MAKE CHECK PAYABLE TO **RIDGEFIELD HEALTH DEPARTMENT**
AND MAIL BACK WITH A **SELF-ADDRESSED ENVELOPE** TO ABOVE ADDRESS
FOR FURTHER INFORMATION CALL: (201) 943 - 6062